Social Science & Medicine 69 (2009) 1827–1833

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Reworking therapeutic landscapes: The spatiality of an 'alternative' self-help group☆

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ARTICLE INFO

Article history:
Available online 12 October 2009

Keywords:
Therapeutic landscapes
Psychiatric survivorship
Talking therapies
UK
Self-help
Mental health

ABSTRACT

Since Gesler first introduced the concept in 1992, the language of 'therapeutic landscapes' has attained a core position in the toolkit of health/place studies. Whilst many authors using the term acknowledge that therapeutic landscapes are often also spaces of contestation, few if any have extended this to incorporate a serious critique of therapy itself. In this article, I use the case study of an 'alternative' psychiatric survivor (self-help) group in the north of England to attempt just this. Based on a ten month period of ethnography, I engage with the *spaces* – meeting places and venues – occupied by the group, focusing on the dilapidated and reputedly dangerous city park where the group hosts its most regular meetings. Three qualities of these spaces were found to be particularly embraced by the group: spaces of agency and appropriation; a space in the world; and a non-technical relation with space. The article uses these three themes to explore how the unconventional spaces of the group are not mere products of marginality but a serious aspect of mobilising the dissident and 'anti-psychiatric' recovery sought by its members. Through attending to what the survivors' found helpful in the park, a more sensitive rendition of 'anti-psychiatry' as it relates to the group is developed. The therapeutic landscapes framework as put forward by Gesler retains currency in highlighting the importance of place to the processes and identity of the group. However, it is also suggested that the 'dissident topophilias' of the survivors express a critique of current therapeutic landscapes thinking, challenging the supposition that it is the planned, the pleasant and the professional that provide the best backdrops for recovery.

Introduction

The therapeutic landscapes perspective, first introduced by Gesler in 1992, has today become a broad collection of approaches in social science and health studies which together explore the rich connectedness between healing and place (Gesler, 1992; Gesler, 2003; Williams, 2007). Traditional 'therapeutic landscapes' have included the restorative properties of spa towns, spiritual retreats and landscapes of natural beauty, yet more recently the term has also been applied to places expressly set aside for 'cure' or treatment such as hospitals and clinics (e.g., Curtis, Gesler, Fabian, Francis, & Priebe, 2007; Kearns & Barnett, 1999). Underlying many of these approaches is an assumption that what is therapeutic in the natural context provides a good basis for clinical therapy also. Whilst authors using the therapeutic landscapes construct have long wrestled with a lack of consensus in defining what kind of place is therapeutic (Andrews & Holmes, 2007; Curtis, Gesler, Priebe, & Francis, 2009), few if any have taken seriously the contested nature of *therapy* itself. In particular, the many and varied critical approaches to therapy (often associated with the 'anti-psychiatry' movement, which has also incorporated many critiques of talking therapies) are barely represented within the therapeutic landscapes literature. In this article, I use ethnographic data from an 'alternative' and politicised self-help network of mental health service-users and ex-service-users in the north of England to address this lacuna.

Located ideologically and geographically beyond the traditional spaces of care and service provision, the 'survivor' group (so-called due to its loose alignment with the 'psychiatric survivor' or 'anti-psychiatry' movement) is excellently positioned to begin the work of thinking critically about 'therapy' – not least because of the self-avowed ambivalence of its members towards institutionalised or professionalised forms of care and treatment. Two major threads or themes emerge in the argument which follows. The first embraces

☆ The author would like to thank Richard Smith for his ongoing advice and guidance throughout the preparation of this article. I am also grateful to Sarah Curtis, Sarah Royle and the anonymous reviewers for extensive advice on earlier drafts. Finally, many thanks are due to the members of the survivor group for their generosity and thoughtfulness in making this research possible.

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doi:10.1016/j.socscimed.2009.09.034

the therapeutic landscapes *method* (as an attentiveness to the healing qualities of place) to explore how a *spatial* reading of the survivor group provides a more nuanced understanding of some particular hostilities towards therapy and psychiatry. The latter works at unpicking the concept of 'therapy' within the therapeutic landscapes discourse. An important assertion here is, to the extent that therapy might be equated by some as a treatment or 'cure', members of the survivor group did *not* find the traditional landscapes of therapy (hospitals, clinics, therapy rooms.) therapeutic. A complementary thread tackles a second muddle; that 'therapy' might best be equated with what is comforting or comfortable (a potential sense of the adjective 'therapeutic', perhaps). Whilst this may come as no surprise to those who have undergone therapy or practiced it, both theoretical approaches to therapeutic landscapes and practical applications in designing spaces for therapy often appear to neglect this, in a point I develop throughout the article.

Within this debate, links are made with the growing body of research (e.g., Davidson, 2003; Knowles, 2000; Parr, 2008) that seeks to challenge what Faulkner and Thomas (2002) identify as an endemic bias towards top-down perspectives in mental health research. In this tradition, important strides have been taken to emphasise the lived and embodied subjectivities of people with mental health problems and to celebrate the capacity of psychiatric patients for self-determination. In cultivating this consciously 'hopeful ontology' (Conradson 2003, p. 521), widespread anxieties in popular culture about mental health patients and 'self-help' are also challenged, be these visions of malignant narcissism (see David Fincher's creation in the opening scenes of *Fight Club* for a parody) or fears about the unacceptable riskiness of unregulated patient-to-patient alliances such as the survivor group. Attending to the survivor group neither allays these concerns nor presents the viewpoints of its members as representative of the mental health service-user community. However, in listening to the members of the survivor group and documenting their 'alternative' landscapes of therapy, the ethnography gives testimony to the diversity of alternative recoveries and survivorships.

In the remainder of the paper, after introducing the survivor group and research methodology, I begin by demonstrating the shared importance of space to the development of psychiatry/psychotherapy and the alternative model of the survivors. I then explore in greater detail the 'dissident' connections or *topophilia* (literally, love of place – see Tuan, 1974) that the survivor group demonstrate towards their meeting places, and the oppositional relations these assume with traditional landscapes of psychiatry and psychotherapy. I conclude with some comments aimed at reuniting the apparently 'mad' preferences of the survivor group with a more 'ordinary' understanding of emotion and place, drawing on insights from the arts and humanities. Readers will notice that the structure of the article weaves together ethnography, literature and analysis, rather than maintaining a strict arrangement of 'theory, results, discussion'. This follows the philosophical method of those such as Collingwood (1933) and Rawls (1973), in which argument 'is supported throughout its texture by cross-reference to experience' (Collingwood 1933, p. 51). In the ethical and political context of this paper, such an approach is a necessity, in order to allow the *scholarly* contributions from philosophy and theory and the *grassroots* philosophies of the survivors (what we might think of as the 'empirical' content) to progress dialectically together.

Finally, a brief note about language should be made before progressing to the body of the article. Neither 'therapy' nor 'anti-psychiatry' form unitary or undifferentiated bodies, creating a slippery and often frustrating context in which this discussion takes place. For this reason, from here on the author will use the terms 'therapy' or 'psychotherapy' to refer generally to the range of non-medical, psychological 'talking cures' accessed by people in mental distress as a loosely defined set of practices and beliefs; where specific therapeutic traditions such as counselling or Freudian-derived psychoanalysis are intended, these are indicated separately. 'Psychiatry' by contrast refers to the hospital-based medical specialism and related community mental health services; a discussion of 'anti-psychiatry' as a social and intellectual movement is reserved for the body of the text. Whilst mapping the field of contention in psychotherapy/psychiatry is not the purpose of this paper (but see Crossley 2006), some typical concerns directed at both psychotherapy and psychiatry include: the ethics of compulsory treatment (Breggin, 1993; Szasz, 1974); the reductionist framework of much psychotherapeutic/psychiatric modelling (Deleuze & Guattari, 1983; Masson, 1993); the technicism and 'expertism' that may characterise certain kinds of therapeutic relationships (Smail, 1987; Smeyers, Smith, & Standish, 2007); and the proliferation of the psychotherapeutic template to areas previously beyond the remit of health or psychopathology (Furedi, 2004; Sommers & Satel, 2005).

Survivors supporting survivors: case study and methods

To introduce the group (here named 'Survivors Supporting Survivors') in more detail, this is a small self-help network run by and for service-users and ex-service-users on the fringes of a deinstitutionalising psychiatric hospital in Northern England. Activities of the network include peer support, campaigning and a reading group on the philosophy of mental distress. The group currently has 23 members (15 female) aged 19–32, all of whom have experience of severe mental distress. Members generally became involved with the group after unsatisfactory experiences with mainstream services, having heard about the network through other patients during periods of in-patient care. Unlike support groups discussed more frequently in the academic literature (e.g., Karp, 1992; Philo, Parr, & Burns, 2005), the group has no formal links with service providers or registered patient organisations – an attribute which features rather prominently in its 'underground' identity. When asked about their philosophical persuasions, members describe the group as 'anti-psychiatric'; nevertheless, it is important to note that individual members report various and conflicting personal relations with psychiatry and psychological therapies.

Research methods took the form of an ethnography conducted over a ten month period in 2007, made possible due to the author's own enduring connections and friendships with the network (as such the ethnographic challenge of 'going native' was somewhat eased, since the researcher was already an accepted group associate). With the group's awareness and consent, the author attended weekly meetings as a participant observer for 38 weeks, recording impressions during and after contact. This was supplemented by 20 unstructured interviews in small groups or on a one-to-one basis, which were recorded and transcribed. In total, 17 group members took part in the interviews, with some individuals attending multiple sessions. Approval for all fieldwork was granted by the internal research ethics committee of the author's institution.

The original purpose of the research was to address a series of questions about listening, which are not addressed in this article. Rather, the discussions about space and place that are reported here arose spontaneously and in the course of several separate moments in the research. The reanalysis of the original dataset to bring out these spatial themes was carried out in discussion with 3 of the original participants who helped to develop and give grounding to the interpretations I present here. All quotations are